

PROBLEMS OF ADOLESCENTS AND RELEVANCE OF SOCIAL WORK IN KOLKATA

AN APPEAL TO ALL MY YOUNG FRIENDS

PLEASE THINK BEFORE YOU COMMIT



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PREFACE

It has been ten years since I have been into academics teaching the undergraduate students. While going down the memory lane of the past ten years, I remember lots of incidences that have touched me unexpectedly. Sometimes I feel lucky to be with the adolescent groups, year after year, thus helping me to remain young as ever before.

Although I have enjoyed a lot with my students in these past years, I find myself busier in my office, surrounded by students with various sorts of problems, counseling them and trying to help them out of the situations they feel uncomfortable. I'm still not sure that whether I could be of any help as I do not have any professional qualification to do so, but a deep bondage helps me to understand them and with all possible effort I give my best of advice and suggestions. Probably, with the growing habits of these youngsters and their nature of behaviour and a long association with them, I was convinced to do my IGNOU Project on "Adolescent Problems and its relevance to social work in Kolkata".

I still remember a bright summer day in 2005 when I took my daughter to her school for the first day. A renowned Convent school in Kolkata was all I dreamt to see my daughter attend, but the first day is still a dark memory. When I reached the school in the morning, there was a good crowd but with whispering silence. I felt it was the feelings of the over joyous parents, but soon realized the matter was different. A student of the senior school had hung herself in one of the rooms inside. On knowing the fact, I was told it was a consequence of a failure in her last final examination.

I had worked for around 8 years in a renowned institute as an Assistant professor, and in this tenure I had faced such critical issues that I had never imagined in my life. I had to handle a case where a Class XI student had become pregnant trying to gift her boyfriend a birthday present. It was one of the most difficult days in my entire career, dealing with her shattered father and her family.

On being the hostel superintendant in my last days as an additional responsibility, my experience regarding adolescent behavior had reached its peak. I could then understand how less my knowledge was in terms of drugs and addiction. On seeing these victimized students, we had rehabilitation camps and the result was tremendous. We could save few of these bright students already addicted and at the same time restrict the new entry. I had spent a few sleepless nights trying to justify – WHY?

Almost the same happened on the first day of my last assignment. I was to join a renowned central institute as the HOD, which is governed by the Ministry of Tourism, Government of India. As I was to reside in the campus, I had gone an evening before to check on my new place of work. I saw a huge crowd even in the late evening, crowding at every possible corner of the institute. On reaching the Principal's bungalow, I was told that a 2nd year student was run over by a train, a suicidal incidence.

In this long tenure with the adolescents, I had faced similar incidents, from slashing of wrists, indulging in heavy substance abuse and even youngsters picking up arms for petty matters. There has always been a question in my mind as to find the reason why these young teens indulge themselves in affairs that are detrimental to their health, career and even family life. Looking into the societal problems so closely for such a long time, it was my utter determination to do something for these young budding people, who have indulged into wrong association just as an adventure in the initial phase and then falling into the trap of the wicked. If this generation is not saved, the country will not see bright days ahead.

ISSUE: HIV/AIDS AMONG ADOLESCENTS IN INDIA

The statistics below gives us few numbers which forces us to think in a direction we and our entire society is proceeding. One question that constantly comes in my thoughts is "Do we call this modernization or development?" "Can we be able to look into the eyes of our next generation and proudly say that we have left behind a better place for them to live in?"

- There are 2.47 million) people living with HIV/AIDS at the end of 2006.
- Number of AIDS cases in India is 1,24,995 as found in 2006. {Source: naco.india.org}, 0.97 million (39.3%) are women and 0.09 million (3.8%) are children.
- India has the second largest population of HIV infected persons. Over 35% of all reported AIDS cases occur among 15-24 year olds. {Source: NACO and UNICEF, 2001. Knowledge, attitudes and practices for young adults (NACO. 2005. India Resolves to Defeat HIV/AIDS)}.
- Human trafficking and sex work is on the increase.

- Persons living with HIV/AIDS face stigma and discrimination.

ISSUE: SUBSTANCE-ABUSE AMONG ADOLESCENTS IN INDIA

- Estimated number of drug abusers in India is around 3 million and that of drug dependents is 0.5 – 0.6 million. (Source: UNODC and Ministry of Social justice and Empowerment, 2004)
- Problem is more severe in the North-Eastern states of the country.
- Most drug users are in the age group 16-35 years.
- Drug abuse rate is low in early adolescence and high during late adolescence.
- A household survey on drug abuse indicated that 24% of male drug users were in the age group of 12-18 years. (UNODC and Ministry of Social justice and Empowerment, 2004)

Probably these statistics had moved me in the recent past so badly that I feel that some awareness is required from every corner to these young adolescent groups to make them at least understand what is right for their future. As a professor in a central institute and Head of Department, I feel I can use my maximum contact to those students every year and at least do my little best to show these adolescents the right path to lead a better life in the future.

CHAPTER 1

INTRODUCTION

Adolescent is a developmental phase, is crucial for the children, family and community. It is characterized by immense energy, vigor and courage that, if not channelized in the right direction, may lead to children indulging in drug addiction, alcoholism, smoking, delinquency, sexual assault, terrorism, vandalism, etc.

Adolescence is a period of sexual maturation. However pre-marital sex, teen pregnancy, spread of STDs and HIV are increasing at substantial proportions affecting the health and even life of adolescents.

It is the responsibility of family, peers, community, school, civil society organizations and the state to develop a well equipped system of intervention at the preventive and management level to reduce the risk of adolescent and youth tribulations like suicide, homicide, violence, drug addiction, rape, molestation, sexual assault, etc. (MSW 003, Book 4, Page 71).

Youth in general are at cross-roads regarding their future owing to expectations from parents and the society. In fact, youths are in transition from childhood. Both these stages put a strain on youths. As children they might have got more attention for every small thing from parents.

Teenage brings forth several changes both physical and mental. Parents fear that their children may go astray with peer influence and media exposure. Adolescence is a preparation for worldly life in terms of education, training and employment. Often they are forced to take studies with disinterest. They slowly wean away from the parents and form unions with fellow adolescents. When a third person with knowledge on adolescents and youth problems meets them, they come out with their problems.

22% of Indian population is in adolescent age. Significant physical and mental health transformation to become an adult hence deviation from normal, leading to disease, during this period is most likely. Mental health issues are more common. Proper guidance for all and counseling in selected cases will not only help those adolescents to become resourceful adult but also prevents them to become diseased or antisocial personality. Very few organized health facility available for adolescents. Adolescents need a separate

health care delivery point since they are very shy and choosy to tell about their problems. They need privacy, confidentiality and friendly atmosphere at health care delivery points. The conventional criteria of Adolescents Friendly Services (AFS) set by adults in the society may not be considered AFS always by the adolescents. This is the experience all over the world observed by WHO including in our clinic hence attendance in AFS points are not increasing as it happens in health clinics for physical illness for general population.

Realizing the need for "Adolescent care" in India WHO came forward in collaboration with Govt. of India and Govt. of West Bengal for constituting a Task Force for Adolescents Care. Clinic based along with outreach activities were initiated.

ADOLESCENT AND REPRODUCTIVE HEALTH HAZARDS :

Reproductive health is a right for everyone, including young people. When young people have access to private and confidential services, they are better able to protect themselves against sexually transmitted diseases (STDs), avoid unwanted pregnancy, care for their reproductive health and take advantage of educational and other opportunities that will affect their lifelong well-being. Some people fear that access to information and services will lead to greater sexual activity among youth, but numerous studies have found that this simply is not the case. Young people need comprehensive information and access to services. They have the right to privacy, confidentiality and respect. There is widespread misinformation among adolescents about self-induced abortions; these can be fatal. Teenage mothers face a higher-than-average risk of maternal death, and their children have higher levels of morbidity and mortality.

a) TEEN PREGNANCY :

For girls aged 10 to 14, maternal mortality rates may be five times higher than for women in their early twenties. Biological and socio-economic factors, including physical immaturity, poverty, lack of education and lack of access to appropriate medical care, increase an adolescent's risk of pregnancy-related complications. Very often, young

pregnant women face severe social problems. Many girls find themselves mothers on their own without responsible fathers for their child. Women who become mothers during their teens generally end up with less education and fewer job opportunities. This, in turn, exposes them to greater risk of poverty.

The infant of a teen mother faces great risk. The child is more likely to be hurt during delivery or to have low birth weight. In addition, when pregnancy has adversely impacted the mother's life opportunities, the child is more likely to suffer from poor nutrition. These setbacks can lead to the child having learning problems when compared to peers.

b) SEXUALLY TRANSMITTED DISEASES AND HIV/AIDS:

Sexually transmitted diseases, including HIV/AIDS, pose serious threats for all sexually active people, but they constitute a particular risk to adolescents due to physical, psychological and social factors. Evidence suggests that adolescent women constitute the sex and age group most susceptible to STDs including HIV infection. Often, young adults do not understand how to protect themselves against sexually transmitted diseases. Because most societies frown on premarital sex, young people may be embarrassed to seek help and may be turned away if they do.

Social reasons for increased risk of STDs including HIV and unwanted pregnancy exist on different levels. Some relate directly to the situations in which adolescents are put at risk such as unequal relationships because of the low status of women, young people and the poor. Sexually transmitted diseases are also transmitted because of the failure or inability to negotiate contraceptive use, promiscuous behaviour by partners, relationships involving money for sexual favours. From 75 to 85% of HIV infections are transmitted through unprotected sexual intercourse, but the virus also spreads through blood transfusion and drug use.

c) ADOLESCENT AND SUBSTANCE ABUSE HAZARDS :

Tobacco, alcohol, and drug use are problems for adolescents. Adolescents suffer from such substance-related problems as school failure, antisocial behavior, unemployment and criminal arrest. Stress is another explanation for substance use and tobacco, alcohol, and drugs offer coping responses. Other explanations include peer pressure and use of

tobacco, alcohol, and drugs as indicators of adulthood. Indulgence in gambling in adolescents is closely correlated with the use of alcohol and drugs.

d) MENTAL HEALTH IN ADOLESCENTS :

Good mental health is an integral part of overall health and well-being. Overall, one in 10 children and adolescents experience mental illness severe enough to cause some level of impairment (National Institute of Mental Health, 1999). Inadequate and inappropriate identification, service access, and treatment of mental health concerns have led to significant disparities in outcomes for youths. Suicide and other health-damaging behavior often result from unidentified and untreated mental health issues and depression. The sharpest rise in suicide rates has been experienced by youths. Youths are directly and indirectly affected by the health of their families and communities and society as a whole.

NEED ASSESSMENT STUDY IN KOLKATA SCHOOLS

A need assessment and health awareness study was carried out among 100 school going adolescents in Kolkata by using a questionnaire based format. Three boys and three girls schools participated in the study. It was further analyzed by Mrs. Mondira Banerjee, Consultant Psychologist who is currently associated with Partner, Bandel, Sneha Neer, Uttarpara, Sopan, Naihati and a freelancer as a advisor for Adolescent Health Clinic in various schools and institutes in Kolkata.

CHAPTER 2

AIMS AND OBJECTIVES

Youth in general are at cross-roads regarding their future owing to expectations from parents and the society. In fact, youth are in transition from childhood. Both these stages put a strain on youth. As children they might have got more attention for every small thing from parents. However, parents are wary about their children in teenage. Teenage brings forth several changes both physical and mental. Parents fear that their children may go astray with peer influence and media exposure. Adolescence is a preparation for worldly life in terms of education, training and employment. Often they are forced to take studies with disinterest. They slowly wean away from the parents and form unions with fellow adolescents and youth. When a third person with knowledge on adolescents and youth problems meets them, they come out with their problems.

THE GLOBAL SCENARIO

As we move into the next millennium, some 17.5 per cent of the estimated world population of 6.09 billion in the year 2000 will be aged 15 through 24. Today, births to teenage women account for a little over 10 per cent of all births worldwide. While the global birth rate for women under age 20 is declining, the number of adolescents worldwide is increasing, so that the total number of births to young women is growing. Moreover, fertility rates are declining more rapidly among women of other age groups, which mean that births to adolescents account for an increasing proportion of overall births in many countries.

OBJECTIVES :

With a thorough study regarding the unusual behavior of the adolescents in the age group of 11 to 16, for both the genders (boys and girls), there is a tremendous shift of nature that has been experienced in the past which was generally considered to be a normal natural behaviour. Different people from different streams, educationists, psychologists, media personalities have all tried to describe this change in their own way but the bottom line still remains the same – children have lost their childhood and have been in the

adulthood much before the desired time. In a recent case in Mexico, it is alarming to know that 8 year old child got pregnant and she is already a mother at a tender age of just 9 years. We don't know what ever is westernized is modern or good, but these statistics does not in any way reveal the real or true life style of what we are proud to be as humans.

The main aim and objective of this project is just one, to create awareness in the young minds and also in the minds of those young parents who because of some worldly pleasures have taken away the valuable youth of their own child, sometimes knowingly and sometimes unknowingly. These objectives also deal with such issues of the parents who should care for every behavioural issue of their children and any deviation should not be ignored.

The neighbourhood, social bonding relatives and even the school have a lot of responsibilities in building the personality of every child and so should just not only concentrate on just the syllabus for studies but also for a complete development of the adolescent. It will only then be possible for all of us not to cry over spill milk.

The main aims and objectives of this project are mentioned below :

- Increase knowledge, skills, and competence to assume multifaceted social work roles in school based settings.
- Increase knowledge, skills, and competence in social work practice with adolescents in school-based settings.
- Obtain mentoring, professional development, and career preparation for social work practice with youth in school-based settings.
- To enhance students' ability to assess these populations from strengths perspective in terms of various challenges (HIV, poverty, stigma, violence, etc).
- To improve students' skill in understanding and implementing practice and policy interventions in work with these populations.
- To address adolescent sexual and reproductive health issues, including unwanted pregnancy, unsafe abortion and sexually transmitted diseases, including HIV/AIDS, through the promotion of responsible and healthy reproductive and sexual behaviour, including voluntary abstinence, and the provision of appropriate services and counselling specifically suitable for that age group.

- To substantially reduce all adolescent pregnancies.
- To provide general counseling to students
- To provide life skills
- To provide coping skills in stress situations
- To develop positive thinking about life
- To guide them for career planning
- To develop better communication skills
- To modify the behaviour of youth to take right decisions
- To promote better inter personal communication, adjustment, and right behavior.

It is very essential for all adults to be aware of the adolescent problems and issues and deal with them carefully so that we can all help in building a strong adolescent group. The main objective stated above reflects our concerns in special directions so that we are aware of our direction of guidance. Once the objective is very clear to us, as parents, teachers, guides or even friends, every adolescent can find a safe resort to reveal his or her identity.

CHAPTER 3

REVIEW OF LITERATURE

Numerous adolescent problems have been referred by different psychologists and sociologists in various publications. The problems of adolescents have grown to the peak in recent years and are headlines of newspapers almost regularly.

We have also seen the reference of such issue in the Study material of IGNOU, especially in MSW 003, Book 2, page 10, reference to introduction to personality, where Freud's theory of Id, Ego and Super Ego are referred with special reference to Identity versus role confusion. Maslow's Self Actualization Theory deals with hierarchy of needs. Defense mechanism and Stress in adolescents have been discussed in Unit 4 along with coping styles for a healthy living.

In MSW 003, Book 3 and Book 4, the stages of human growth and development have been mentioned. In book 3, page 9, we see refers to the "adolescent stage as twelve to eighteen years, the period when the individual becomes sexually mature and ends when the individual is legally mature. It is considered as the transitional phase, when the individual looks for an identity and a threshold of adulthood."

"The importance of social changes in adolescents includes peer group influence, mature social behaviour. Some of the important interests of adolescents are recreational interests, personal and social interests, educational interests, vocational and religious interests and interest in status symbols. There are changes in morality in this period shifting from specific moral concepts to generalized moral concepts of right and wrong and there is a control on their behavior by the development of conscience. Adolescence is a period of heightened emotions thus sometimes the relation with family members is strained. They feel that parents are unable to understand them."

MSW 003, Book 4, Unit 3 refers to contemporary problems in family system, dealing with abuse and violence, economic stress and effect of divorce in the family. Unit 4 talks about Parenting Adolescents and Youngsters, specially of alcohol and substance abuse, delinquent behavior and sex related issues. In the last phase of the topic, n0: 4.6,

recommended responses and school based programmes are mentioned with role of teachers, peers and parents and also the role of the state and role of media is clearly stated.

Young people are considered to be particularly susceptible to harm from alcohol consumption and they are a primary target group for alcohol education (MODULE 11: Young People and Alcohol). The developmental changes that occur in childhood and adolescence, young people's general propensity for risk-taking, and their relative inexperience with alcohol place them at heightened risk for harm (Brown & Tapert, 2004; Centre for Addiction and Mental Health, 1999; Marlatt, 1998; Somers, 1996; Spear, 2004).

Schools offer obvious focal points for alcohol education. Curricula may include information on alcohol or lesson plans to address a range of related health and social issues. (O'Leary-Barrett, Mackie, Castellanos-Ryan, Al-Khudhairi, & Conrod, 2010). In addition to schools, other venues where young people gather can play an important role and create opportunities for education about alcohol. These include religious and community centers, as well as clubs and discos. The home and family setting are also important for conferring information about alcohol and drinking, as are physicians' practices and emergency rooms. (Lovecchio, Wyatt, & DeJong, 2010).

A key requirement in developing alcohol education programs and initiatives for young people is to define clearly the desired outcome. Some programs promote abstinence from alcohol until the legally mandated drinking age (MODULE 12: Legal Age Limits); others seek to reduce harm while acknowledging that drinking is likely to take place. Tailoring programs so that they are realistic and in keeping with society's and young people's expectations, behaviors, and cultural influences is important in ensuring success (Hanson, 1996; Milgram, 2001; Paglia & Room, 1999).

International Literature reference on Social influences in adolescents

Family has been shown to be the strongest single influence of all external factors on young people's attitudes about drinking (Caria, Faggiano, Bellocco, & Galanti, 2011; Shortt, Hutchinson, Chapman, & Toumbourou, 2007; Bjarnason et al., 2003; Miller &

Plant, 2003; Sanchez-Sosa & Poldrugo, 2001). This finding holds true across cultures (Halimi & Golik-Gruber, 2002; Hellandsjø Bu, Watten, Foxcroft, Ingebrigtsen, & Relling, 2002). Strong relationships between young people and their parents, family structure, communication, adult monitoring and supervision, and parental involvement may all act as positive influences on choices around alcohol consumption (Faggiano, Galanti, Bohrn, Burkhart, Vigna-Taglianti, Cuomo, et al., 2008; Smit, Verdurmen, Monshouwer, & Smit, 2008; Schinke, Schwinn, & Cole, 2006; Copello, Velleman, & Templeton, 2005; Bry, Catalano, Kumpfer, Lochman, & Szapocznik, 1998; Costa, Jessor, & Turbin, 1999; Etz, Robertson, & Ashery, 1998; Foxcroft & Lowe, 1997; Jessor, 1998; Sroufe, Cooper, & DeHart, 1996).

Programs have been developed that can play an important role in strengthening parental influence and the role of the family. Such initiatives integrate behavioral training for parents, family skills training, education, support, and brief therapy, and appear to be cross-culturally applicable (Foxcroft & Tsertsvadze, 2011a; Pettersson, Özdemir, & Eriksson, 2011; Ryan, Jorm, Kelly, Hart, Morgan, & Lubman, 2011; Coombes, Allen, Marsh, & Foxcroft, 2009; Ashery, Robertson, & Kumpfer, 1998; Foxcroft et al., 2003; Kumpfer et al., 2002; Kumpfer et al., 2003; Spoth, Redmond, & Lepper, 1999).

This suggests a need in alcohol education to include equipping the “educators”—parents, teachers, youth workers, and religious and community leaders—with the knowledge and skills for this role. It also requires training those who serve and sell alcohol to implement harm reduction measures for young people and adults alike (MODULE 4: Responsible Hospitality).

After parents and family, peers are another important influence on young people’s decisions about drinking and on their drinking patterns (see ICAP Issues Briefing: Determinants of Drinking; Beccaria, Amici, Bonello, Maggiorotti, & Tomaciello, 2003; Houghton & Roche, 2001). Peer relationships and attitudes have been addressed through alcohol education and specific approaches designed especially for this purpose (Moreira, Smith, & Foxcroft, 2009; MODULE 3: Social Norms Marketing).

Other critical elements that influence how young people learn about alcohol and how they make decisions about drinking are the prevailing drinking culture and general risk-taking

behaviors. Young people's attitudes and their personal and social skills can be developed in a way that will allow them to make responsible choices and teach them not to place themselves or others in harm's way. Such "life skills" training has been demonstrated to be an effective component of substance abuse prevention programs (MODULE 2: Life Skills); Bühler, Schröder, & Silbereisen, 2008), especially for female adolescents (MacKillop, Ryabchenko, & Lisman, 2006; Vicary, Smith, Swisher, Hopkins, Elek, Bechtel, et al., 2006).

Modules for "at-risk" groups

Special education approaches are also developed for other populations for whom risk for harm may be increased due to their social status, personal characteristics, or behaviors and drinking patterns (MODULE 8: "At-risk" Populations). Measures have also been developed to educate individuals who may be alcohol-dependent or unable to control their drinking (MODULE 17: Alcohol Dependence and Treatment). Other "at-risk" groups may include socially marginalized individuals—such as indigent or homeless people—or indigenous populations who may be outside the mainstream of healthcare, among whom alcohol problems may be common, or for whom special and culturally sensitive approaches may be needed (Schinke, Cole, & Fang, 2009; Martin, Josiah-Martin, Roberts, & Henry, 2008; Moran & Reaman, 2002; Okamoto, Hurdle, & Marsiglia, 2001; Westphal, 2000; Williams & Gloster, 1999).

Literature for educating the general public

Alcohol education is also relevant to the public at large. This includes information about low-risk drinking through guidelines and recommendations, basic facts about the effects of alcohol, and information that can help individuals avoid harmful drinking patterns and situations. Such education also includes specific information for men and for women about the effects of alcohol consumption on each gender (MODULE 19: Drinking Guidelines; MODULE 9: Women and Alcohol; MODULE 11: Young People and Alcohol; MODULE 15: Drinking and Driving; MODULE 16: Blood Alcohol Concentration Limits; ICAP Table: International Drinking Guidelines).

Information and education for the general public is provided by a number of sources, including governments, health agencies, or nongovernmental organizations, as well as the beverage alcohol industry and its related organizations. Responsibility messages are also part of the overall effort to educate the general public and may be found in some advertisements for beverage alcohol.

While these approaches may not always result in behavior change, they are considered necessary in informing individuals and equipping them to make decisions about their own drinking (Babor et al., 2003; Plant & Plant, 1997). In addition, some studies show that providing information about alcohol may help parents address the issue with their children (Newton, Vogl, Teesson, & Andrews, 2009; Turrisi, Larimer, Mallett, Kilmer, Ray, Mastroleo, et al., 2009; Koutakis, Stattin, & Kerr, 2008; Honik et al., 2002).

Literature for life skill development of adolescents widely used in India are :

- ♣ A facilitator's guide for trainers & peer educators on adolescence, counseling skills, reproductive health issues, with case studies. Life skill is an important area that has been stressed by various social guides to minimize adolescent problems and issues. They are abilities that help promote mental well being and competence in young people as they face the realities of life.
- ♣ **UNICEF** says "life-skills based education is behavior change or behavior development approach -designed to address a balance of three areas: knowledge, attitude, and skills.
- ♣ **WHO** believes "the abilities for adaptive and positive behavior that - enables individuals to deal effectively with the demands and challenges of everyday life"
- ♣ Adolescents should know about 'Life skills' because it empowers them to take positive actions to protect themselves and to promote health and positive social relationships.

- 1) Life Skills – For Health Promotion of Out of School Adolescent – Learner's Guide
- 2) Life Skills – For Health Promotion of Out of School Adolescent – Facilitator's Guide,
- 3) Documents by Siddhartha Kumar & Meghendra Banerjee
- 4) Reproductive Health Education & Training - A Manual for Trainers, Parivar Seva Sanstha,

- 5) The Red Book, What you want to know about yourself, prepared by Sunita Kaur,
- 6) The Blue Book, What you want to know about yourself, prepared by Sunita Kaur,

A know yourself book for adolescents aged 15+ , including information on sexuality, reproductive health, coping with adolescence and list of help lines.

- 1) Teaching about Sex & Sexuality, NAZ Foundation, New Delhi,
- 2) Adolescents – Thought shop Foundation
- 3) Tarshi – Resource Centre on Sexuality & Young People

ADOLESCENT ISSUES IN SCHOOLS OF KOLKATA – A SURVEY

A recent survey pointed out that city children confusing romance with casual sex. Rajani Yadav finds out what school authorities are doing and how little some parents know about their children. A recent survey has thrown up worrying results for parents and teachers alike. Earlier it was pre-marital sex, but times have advanced and the newest trend is pre-teen sex. With early puberty comes the risk of early adultery, what an oxymoron some would say. So what are the school authorities, where the children spend most of their time, doing to ensure that their wards are not misguided.

FROM THE DESK OF THE INSTITUTIONAL HEADS REGARDING ADOLESCENT ISSUES :

Malini Bhagat, Principal, Mahadevi Birla Girls High School, Kolkata, says, “They have their life-skill education classes. There in a very matter-of-fact manner the concerned teachers talk about adolescent issues. We subscribe a book called *Candyfloss* that talks about everything from sex, puberty, to averting HIV.” She further informs that in a very interesting way, through anecdotes, puzzles and other activities lessons are imparted to them. But how much the girls have benefited from this is something that needs to be looked into.

Gerard Gomes, Principal, Julien Day School, however, feels that “Sex education if not imparted in the right manner may put ideas into their heads. It may have a boomerang effect. But we do have Value Education classes wherein we lay emphasis on personal matters. Instead of getting warped ideas from the gutters, its better that they know the stuff from the right sources.”

Francis Gomes of The Park English School echoes Gomes when he says, “We have to be very careful about how we do this. Some senior teachers talk to the girls. But I would like to add that such awareness should be created in a manner that does not titillate.”

Terence Ireland, Principal, St James School believes that Kolkata is still very

conservative when it comes to matters like this. One has to tread cautiously or you run the risk of raising many eyebrows.” The approach of the school authorities is lax to say the least.

Dr Rima Mukherjee, consultant psychiatrist, Woodlands Medical Centre, cautions, “A surprisingly large number of cases both from urban and rural areas come to me. What makes matters worse is that it is kind of casual. For a lot of people there is no guilt. A growing trend, say from Class 9 onwards, is the desperate need to have a boyfriend. They wouldn’t stop at asking their parents to find them one. I’ve had such a case where a mother comes asking what is to be done in such a situation.”

THE REAL LIFE VERDICTS FROM GUARDIANS & STUDENTS :

Priya Singh, anxious mother of a 13-year-old girl says, “With children being no longer squeamish about sex, I get very nervous thinking about my own child who is out most of the times either for tuitions or other activities. But stories of kids experimenting with sex make me very apprehensive.”

Social networking sites, Orkut, Facebook, exchanging mobile numbers with complete strangers while traveling back and forth from school and tuitions, also the tuition teachers have a role to play in this, feels **Dr Rima**.

Debropa Ghosh, a class 12 student of Calcutta Girls School spills the beans, “Things start as early as class V. From non-vegetarian jokes to adult films, one starts building up on those ideas. Parents are not in the loop. With both parents working, youngsters are given a lot of money to make up for the lost time.” With money to spend, company to be sought, teenagers are most likely to be led astray.

Saswati Chatterjee, studying in Pratt Memorial School laughs uproariously when asked if I-pills and contraceptives are being used by the teenagers, “They’ve gone the whole way thanks to unwanted-72 and other such convenient tools.”

But who is to be held responsible, with school authorities going very soft on the issue, parents being unaware of what their wards are up to within the confines of the homes and the youngsters having no remorse or guilt whatsoever. That is something we all need to ponder.

FEW MEDIA REPORTS ON ADOLESCENT ISSUES

Few recent reports of the press, both print and electronic media has focused a lot on the growing adolescent issues. It is very judgmental to say who is right and who is at fault. When asked the teachers about the incidents, a great number of them still feel that corporal punishments are required to deviate the child from committing the same mistakes again and again, whereas psychologists have a different opinion. Even the scolding and punishing of young people are considered against crime where in some cases the children are even lodging complains not only against their teachers but also their parents. Few of the media reports stated below will make us think where this will end.

The recent gang rape incidence in Delhi has shaken the entire world for such a treacherous crime. More surprisingly the main accused who has committed the most hilarious incidence is a juvenile, in his late adolescence. This incidence shook the entire nation just two months ago, but similar news are in the cover story in everyday's news in different parts of Kolkata and its suburbs. It becomes difficult even to imagine that most of these crimes, from rapes, dacoity and even extortion are lead and masterminded by adolescents, who could have been motivated to do something productive in life.

A few excerpts from the media is cited below which states about corporal punishment in schools or at homes and their consequences.

- A) Caning rife in Indian schools : *"The principal broke the cane over Rouvan's back."*
Teenager's suicide shocks country. By Ashwini Devare July 22, 2010 10:27

A heavy silence has crept into the Rawla residence on Penn Road in India's Eastern city of Kolkata. ... Five months ago, on a seemingly innocuous Friday afternoon, Ajay and Sheena's youngest son hanged himself in the terrace room of his Kolkata home. Rouwanjit Rawla was a month shy of turning 13. Too young to understand the complexities of a modern world, yet traumatized enough to not want to belong to it anymore. Rouwanjit committed suicide four days after he was caned by the principal of his school, La Martiniere, a prestigious private school in Kolkata, over disciplinary issues.

B) Drug Abuse among Young Adults in Calcutta, India - By Mookherjee, Harsha N.; Chowdhury, Sudip K. Academic journal article from *Journal of Alcohol & Drug Education*, Vol. 49, No. 3, Publication: Journal of Alcohol & Drug Education , Date: September 2005, Volume/issue: Vol. 49, No. 3 says

... drug and alcohol abuse are an increasing trend in India since post-independent days. Loss of productivity, increase of crime and violence, spread of AIDS and other sex-related diseases are directly or indirectly associated with alcohol and drug abuse. However, studies on drug abuse among the young adults in India as a whole are not available, except some sporadic studies from the western and northern parts of India.

Primarily two studies are reported from eastern India, one involving the socio-medical aspects of drug use (Sahoo 1990), and the other reporting the incidence of drug abuses in rural and urban areas of West Bengal (Mondal 1986-88).

The primary purpose of this study was to explore (1) how the young adults in Calcutta became drug abusers; and (2) what were the causal factors behind their drug abuse.

CHAPTER 4 :

DATA ANALYSIS ON SERVICES AVAILABLE

Followings are some major findings of the need assessment study of the following data collected from around 100 students of 06 different schools, where students both boys and girls participated in the survey.

A total no. of 100 students (73 boys & 27 girls) participated in the study. Most of the students considered their parents as good natured, good friends, helpful, loving and caring through some described their fathers as indifferent and strict. More than 70% adolescents expressed their relationship with siblings as healthy and positive. Adolescents have positive attitude towards school and education. More than 80% enjoys schooling and considered doing well is important for them. About 16% were school drop out, 35% found deterioration of their scholastic performances. Most of the students are involved in regular / irregular extra curricular activities. About 64% students (both boys & girls) considered themselves healthy where as 10% did not think so and 25.8% were not sure about it. Around 30% suffered from headache mainly due to tension.. About 11.3% adolescents suffered from anxiety, tension and sleeplessness which needs intervention. Atleast 35% children heard about methods of birth control of which 16% mentioned condom, 10% mentioned oral pill, 6% operations (vasectomy / tubectomy) and 3% as safe period. About 52% boys and 1.7% girls adolescents smokes cigarettes occasionally, 23% boys and 1% girls drinks alcohol once a week and 5.2% boys and 0.8% girls tried drugs atleast once in life. They are not habituated though health risk factors persists.

ADOLESCENT FRIENDLY CENTRE

For care and counseling, the medical college provides support to the adolescents in need.

- The first Adolescent Health Clinic in West Bengal was inaugurated at Medical College Kolkata, in Dept. of Pediatrics on 28th June 2002 by Dr. Suryakanta Mishra, Honb'le Minister in charge, Dept. of Health and Family Welfare, Govt. of West Bengal as a pilot project supported by WHO and GOI.

- Special multidisciplinary adolescent friendly clinic, once a week, 2-4 p.m. on Friday in the Dept. of Pediatrics having separate registration and counseling room with counseling spread over the week.

CLINIC BASED SERVICES –

A lot of clinics have started in Kolkata by professionals who are in constant counseling and advices to the parents of adolescents in specific health care issues with these growing adolescents trying to give utmost support.

- 1) Pediatrician as key personnel - Prof Sukanta Chatterjee MD, trained at International training program on adolescent health, growth development monitoring and nutritional advices and early detection and management of medical problems. Regular counseling to encourage and reinforce behaviors that promote healthy life style.

SCHOOL BASED SERVICES –

ICSE and CBSE curriculum schools are taking in special interest in educating the students and their parents occasionally by holding workshops. Mr Dubey had recently conducted a workshop on Life skills at St. Josephs Convent, Chandannagar with the parents. Similarly Ms. Priya is an expert in this field conducting sessions in various institutions in and around Kolkata. Assessment of knowledge and health needs of adolescents using a questionnaire based format. Teacher orientation programs on adolescent issues. Session for awareness and attitude of parents regarding adolescent issues. FLE (Family life education) sessions in schools and clinic.

Workshop on Family Life Education among school children has also started. Assessment of knowledge and attitude of adolescents on reproductive and sexual health among school children using questionnaire based format. Group and individual counseling of adolescents having sexual health problems, treatment of adolescents having RTI/STI, assessment of nutritional status of school children by using a questionnaire based format and nutritional counseling of adolescents are taking good shape.

KINDS OF PROBLEMS SEEN IN ADOLESCENTS

Discussion with clinical psychologists reveal various categories of problems in the adolescents which as given by the experts are ranked as follows :

- Psychological / behavioral problem - Lack of concentration - 81%. Poor memory - 60%
Deterioration of academic performance - 62% Restlessness - 28% Disobedient - 52% Depression - 69% Anxiety - 73% Habit - 58% Adjustment - 47% Medical problem - 18.8%
Reproductive and Sexual Health problem - 8.2% Body Image - 15% Growth and development 9.8%.

LESSONS LEARNT FROM EXPERIENCE:

Adolescent care is an insufficiently addressed problem in our country due to lack of awareness in adolescents, parents and the authorities. It can lead to wide spread and far reaching consequences. Health guidance especially on sexual and reproductive health issues are not readily available to adolescents at any level - family, school or society. They have a lot of unmet needs especially regarding personal and sensitive issues like sexuality, birth control, boy / girl friend problems, emotional problems, interpersonal relationship etc. They want to receive information/services related to those issues but hesitate to discuss. Problems related to Health risk behaviors like substance abuse, unprotected sex, injuries etc need special attention. Trust between adolescent and their parents' needs to be established. Growing up issues, career guidance and matter related to life skills are priority issues with adolescents.

SUMMARY & CONCLUSION

PROMOTING POSITIVE YOUTH ENVIRONMENT - Physical and mental health problems are often the manifestation of social problems and issues present within families, communities, and macro-level systemic issues. The presentation of problems provides an opportunity to intervene in a manner that not only addresses the current problem, but also enables us as practitioners to become involved with changing the systems and social structures that deprive our youths of optimal health. It is important that social workers

- recognize and validate the differing experiences of youths as unique and meriting tailored and culturally appropriate provision of health services. Ensure that the public health dialogue be inclusive of the social context and well-being of youths.
- move the social work profession and the public health arena to address larger social issues that disproportionately affect youths, such as poverty and inequities in access to medical care and services, education, and employment.
- push for more localized integrated and expanded health services that include mental health. This may help prevent problems before youths become involved with the criminal justice system.
- develop and offer authentic and formal ways in which youths and their families can become involved and have leadership roles in articulating and identifying needs and strategies for solutions to overcoming racial and health disparities.
- ensure that your work environment incorporates the culture and does not alienate them.
- become familiar with the popular interests of adolescents such as radio, television, and print media. This may prove valuable in connecting with them and organizing interventions.

ENVIRONMENTAL FACTORS

External factors also play an important role in determining the degree of risk an individual is likely to experience from his or her own drinking, as well as from the drinking of others.

a. Parental drinking

There is evidence that parental alcohol consumption plays a significant role in the drinking behaviour of offspring, both in establishing positive patterns and in increasing risk for harm. Drinking problems among parents are predictive of elevated risk for similar problems in children. In general, those whose parents are alcohol-dependent are more likely to themselves be dependent or abusive drinkers. It should be noted that many parental influences beyond drinking have a profound effect on the development of drinking behaviors and potential problems in young people.

b. Stress

Stress of various types—including that associated with traumatic events or situations, work stress, abuse, and issues related to maturation and ageing—may contribute to the development of drinking problems. The body's response to pressure at the physiological and psychological levels exacerbates risk for harm from alcohol consumption. There is evidence that some individuals who are under stress, especially for prolonged periods of time, may be at increased risk for problems relating to their drinking, as many of them may consume alcohol in order to cope.

c. Socioeconomic issues

Risk exposure is directly related to access to nutrition, health care, education, and a social network. Where any of these is inadequate, risk for harm in general is heightened, including harm related to drinking. The poor tend to be more susceptible to harm and have fewer means of coping adequately with risk. Alcohol problems and abuse may be often observed as side-effects of social deprivation. Access to intervention—whether specific to alcohol problems or to health care in general—is largely limited or even entirely non-existent for these populations. Social exclusion and marginalization are also identified risk factors for alcohol abuse. Indigenous populations and certain ethnic and social groups in some countries are often outside the mainstream of society, generally enjoy lower socioeconomic status, and inadequate access to health care and other services.

d. Professions or workplace or institution

Individuals in a number of professions may be at increased risk for alcohol-related harm. Among them are those involved in the production and service of beverage alcohol. There is evidence that individuals involved in the retail sector of the beverage alcohol industry, notably those working in pubs and bars, may have higher risk for alcohol abuse than the general population (reviewed in International Center for Alcohol Policies, 2003).

Professions with high levels of stress may also place those working in them at risk for alcohol abuse and other problems. These include law enforcement, as well as professions exposed to high rates of occupational hazards, such as chemical or biological substances, physical hazards, injury risk, and mental stress. Journalists have been reported as having a higher incidence of alcohol problems compared to those in other professions, as have military personnel and doctors.

Because of their heightened susceptibility for harm, "at-risk" populations represent specific targets for interventions and policy. Approaches that are sufficient to address the needs of the general population may not adequately address theirs. Carefully tailored approaches should be considered to ensure that the risk for harm to each of the groups outlined above can be minimized.

PROPOSAL

A detailed research on this topic has revealed a lot of questions in the minds. Instead of giving a conclusion at the end, the question now arises where we socially actually stand up as true parents or guides. Are we really doing the job of a mentor in building up the life of an adolescent and doing all measure to answer their queries? These lists of questions I have mentioned may seem to be a lot of very usual questions in the life of everyone, but during my survey, the experience has been absolutely different. It seems we are way behind than what we think and what we do. Actually speaking, we adults are completely

unaware of almost every single adolescent and give them hardly the least support to grow up to be a distinguished adult. Most of our theories are superficial and are just expressions of our thought, way away from reality. The list of questions mentioned above can give us an idea of how ignorant we are in even knowing these simple queries of our loved ones. This project may be a stepping stone for all parents, teachers and guides to bring up a better future generation of our country.

Individuals who are at increased risk for harm from drinking require special attention with regard to prevention and intervention measures as compared to the general population. As they are often outside of the mainstream with regard to health care and access to resources, reaching them may present a policy challenge. However, balanced policies around alcohol should also take "at-risk" groups into account, including special provisions for understanding and meeting their needs. Particularly in countries where social disparities are common and related to disparities in access to proper care, greater attention is needed to identifying and protecting those most at risk. The goal for this project are

- a) To substantially reduce all adolescent problems.
- b) To provide general counseling to students.
- c) To provide life skills.
- d) To provide coping skills in stress situations.
- e) To develop positive thinking about life.
- f) To guide them for career planning.
- g) To develop better communication skills with peers and other generations.
- h) To modify the behavior of youth to take right decisions.
- i) To promote better inter personal communication, adjustment, and right behavior.

STEPS TO THE SOLUTION

I would be following these steps towards the assessment and analysis of increasing the awareness of the adolescents in their major areas of concern for a smooth life. Few areas need to be addressed and a positive response from these areas can bring in a change in the future. The plan of action has to be based on the following for obtaining a positive result. In general, there is evidence that targeted education measures with high specificity are likely to be more effective than broad-based approaches.

- **School-based education** about alcohol is another popular approach, but there is also debate around its effectiveness in changing behavior, although some initiatives show more promise than others.
- **Mass media and information campaigns** are widely used, although they are generally viewed as ineffective in changing behavior when implemented in isolation.
- **Targeted efforts that address particular groups** of individuals are commonly used. These include programs for young people, problem drinkers, or other “at-risk” populations.
- **Warning labels** that address possible health outcomes, drinking and driving, or drinking during pregnancy may be found on containers of beverage alcohol in a number of countries.
- **Parental involvement** : Parents, peers, and others who play an important role in the lives of young people, can be operative in teaching youths about alcohol. Views, attitudes, and behaviours around drinking are largely the result of **culture and environment**, and direct parental involvement is essential. Educate parents about drinking and impart skills to discuss alcohol with their children.

SOCIAL WORK PRACTICES WITH ADOLESCENTS IN DIFFERENT SCENERIO

1. Social Work Practice with Adolescents and Families:

Strengthening families is a key priority for the social work profession. Contemporary families are a blend of many different lifestyles and structures requiring a full range of services to children and families, from primary prevention to rehabilitation across the life cycle. While almost every field of social work practice is concerned with families in some general way, placements in the Contemporary Issues with Adolescents and Families field of practice are in agencies that specifically focus on intervention within the family context and on safe and healthy development for children.

2. Social Work Practice with Adolescents in Schools :

Social work is one of several disciplines represented in school settings. The social worker has the task of identifying, addressing and treating the social, emotional and environmental problems that interfere with the learning process.

Social workers address truancy, learning problems and behavioral problems. Environmental situations often impact on students' ability to successfully engage in the learning process. Some students may demonstrate emotional and / or behavioral problems of such severity that they need to attend alternative specialized day or residential school programs. The prevention and treatment of drug and alcohol abuse are important components of school social work.

3. Social Work Practice with Substance Abuse and Co-Occurring Disorders

This practice system (field of practice) includes agencies that provide services for adults who are experiencing difficulties relating to: domestic violence, community violence, immigration, HIV/AIDS, LGBT, homelessness, rehabilitation, community disaster and poverty.

Gambling problems are closely correlated with the use of alcohol and drugs. Problem gamblers are more likely than at-risk or non-problem gamblers to have used alcohol, tobacco, marijuana and other drugs in the past year and to have gotten into trouble in the past year because of their alcohol use.

4. Mental Health Practice for Adolescents with Severe Mental Stress

Social workers in every field of practice are concerned with promoting a positive sense of personal well-being in which individuals feel comfortable with themselves, and function well in their various roles in life, and in family and social relationships. This is the specific focus of the work in mental health settings.

TREATMENT WITH ADOLESCENTS WITHOUT ISOLATION IS ONLY SOLUTION

Treatment Should Be Developmentally Appropriate

Research is needed to determine whether and the extent to which treatment programs originally developed for adults are appropriate when used with adolescents. Adolescents should receive treatment separately from adults. Staff should be trained to understand adolescent development and respond appropriately to the challenges that adolescents present. Good programs are based on an understanding of gender socialization and the cultural background of the patient. National guidelines for staff training to understand the developmental needs of teens should be developed. Nationally recognized guidelines for

ensuring the safety of adolescent patients, particularly females, also should be developed.

Treatment Programs Should Actively Work to Retain Adolescents

Programs should adopt specific strategies for motivating adolescents to participate in treatment that can help with retention. Most adolescents enter treatment through the criminal justice and education systems. When treatment is mandatory, teens' intrinsic motivation to complete treatment is low. Motivation is important to successful treatment outcomes. Elements need to be integrated into programs that provide rewards and incentives that are meaningful to participants.

Treatment Needs to Include Continuing Care

Continuing care is crucial to achieving long-term outcomes. Continuing care is often one of the weakest features of adolescent treatment programs nationwide (Drug Strategies, 2003). Programs should institute a process of continuing care that includes relapse prevention, training, follow-up plans, referrals to community resources, and periodic check-ups after completing treatment in order to help teens avoid recidivism.

Treatment Programs Need to Be Evaluated

Establishing the effectiveness of treatment programs is crucial. Federal agencies should fund the collection and analysis of outcome data so that treatment effectiveness can be determined. A federal research priority should be to determine which treatment approaches are most effective with different types of youth.